CONSENT FORM FOR MICROWAVE ABLATION (MWA) OF THYROID NODULE

Patient Name: _____

Date of Birth: _____

PROCEDURE DESCRIPTION

Microwave Ablation (MWA) is a minimally invasive procedure that employs microwave energy to generate heat, aiming to reduce the size of thyroid nodules and alleviate related symptoms. The procedure is typically done under ultrasound guidance.

BENEFITS AND RISKS

Benefits of MWA include potential symptom relief, reduction in nodule size, and the avoidance of more invasive surgical procedures. However, all medical procedures carry inherent risks. Potential complications of MWA include:

- Infection
- Bleeding
- Changes in voice or hoarseness due to laryngeal nerve injury
- Difficulties swallowing
- Skin burn
- Nodule recurrence
- Remote risk of injury to surrounding structures in the neck

ALTERNATIVE OPTIONS

Alternatives to MWA include observation, thyroid hormone suppression therapy, radioactive iodine treatment, or surgical removal of the thyroid nodule or the entire thyroid gland. The risks and benefits of these alternatives have been discussed with me.

PROCEDURE PROCESS

The MWA procedure will be performed under local anesthesia. Using ultrasound guidance, a thin antenna will be inserted into the thyroid nodule. The antenna emits microwave energy, generating heat that shrinks the nodule.

CONFIDENTIALITY AND DATA PRIVACY

All information regarding the patient's medical history, diagnosis, and treatment is confidential. Utah Endocrinology Associates complies with all applicable laws regarding patient data privacy and security.

CONSENT

I hereby consent to the performance of the Microwave Ablation (MWA) procedure, as well as any different or additional procedures that, in the judgment of Dr. Falahati or his designee, may be necessary. I acknowledge and understand that the practice of medicine and surgery is not an exact science and that no guarantees have been made to me concerning the results of the procedure.

I have read and understood all the information presented above. I had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____

Doctor: Dr. Alireza Falahati _____ Date: _____